

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019872

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0830

2 8150

3

4 3

5 1

6

7 1

8 2

9 X

10

11 083

12 91-3

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 280

Primary Registration District No.

Registrar's No. 28

STATE FILE NUMBER

FILED MAY 16 1962

1. PLACE OF DEATH

a. COUNTY Platte

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Fair

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Wreck on I29 Highway

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE Kansas b. COUNTY Wyandotte admission)

c. CITY OR TOWN Kansas City Kan

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
2617 North 7th St.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

Christine

First

Middle

Last

Redmond

4. DATE OF DEATH

Month

Day

Year

May 12, 1962

5. SEX

Female

6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Jan 1936

9. AGE (last birthday)

26

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Wife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Mississippi

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Luke Tate

13b. MOTHER'S MAIDEN NAME

Januita Carson

14. NAME OF HUSBAND OR WIFE

Will Redmond

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

2617 North 7th St.

Will Redmond Kansas City, Kansas

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

SKULL FRACTURE

INTERVAL BETWEEN

ONSET AND DEATH

1 NST.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

AUTO ACCIDENT

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

ACCIDENT

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

HIGHWAY

20f. CITY, TOWN, OR LOCATION

FAIR TWP.

COUNTY

PLATTE

STATE

MO.

21. I attended the deceased from _____, to _____, and last saw her alive on _____.

Death occurred at APPROX. 11:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Roland M. Giffey, Coroner

22b. ADDRESS

Platte City, Mo.

22c. DATE SIGNED

5-13-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

May 13, 1962

23c. NAME OF CEMETERY OR CREMATORY

Lexington Cemetery

23d. LOCATION (City, town, or county)

Lexington, Mississippi

(State)

24. FUNERAL DIRECTOR

ADDRESS

Tommy R. Rollins

Platte City, Mo. May 13, 1962

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Alphia Rollins

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lincoln R. Collins

Licensed Embalmer No. 57110

P. O. Address

Platte City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.